

**APPLICATION DATA SHEET****Application Information****Application number::****Filing Date::****Application Type::** Regular**Subject Matter::** Utility**Suggested classification::****Suggested Group Art Unit::****CD-ROM or CD-R?::** None**Number of CD disks::****Number of copies of CDs::****Sequence submission?::** Yes**Computer Readable Form (CRF)?::** Yes**Number of copies of CRF::** 1**Title ::** NOVEL ABCB9 TRANSPORTER AND USES  
THEREOF**Attorney Docket Number::** 100103.407C1**Request for Early Publication?::** No**Request for Non-Publication?::** No**Suggested Drawing Figure::****Total Drawing Sheets::** 8**Small Entity?::** Yes**Petition included?::** No**Petition Type::****Licensed U.S. Gov't Agency::****Contract or Grant No::****Secrecy Order in Parent Appl.?::** No

**First Applicant Information**

<b>Applicant Authority Type::</b>	<b>Inventor</b>
<b>Primary Citizenship Country::</b>	<b>Canada</b>
<b>Status::</b>	<b>Full Capacity</b>
<b>Given Name::</b>	<b>Victor</b>
<b>Middle Name::</b>	
<b>Family Name::</b>	<b>Ling</b>
<b>Name Suffix::</b>	
<b>City of Residence::</b>	<b>Vancouver</b>
<b>State or Province of Residence::</b>	<b>British Columbia</b>
<b>Country of Residence::</b>	<b>Canada</b>
<b>Street of mailing address::</b>	<b>5671 Trafalgar Street</b>
<b>City of mailing address::</b>	<b>Vancouver</b>
<b>State or Province of mailing address::</b>	<b>British Columbia</b>
<b>Country of mailing address::</b>	<b>Canada</b>
<b>Postal or Zip Code of mailing address::</b>	<b>V6N 1C2</b>

**Second Applicant Information**

<b>Applicant Authority Type::</b>	<b>Inventor</b>
<b>Primary Citizenship Country::</b>	<b>Canada</b>
<b>Status::</b>	<b>Full Capacity</b>
<b>Given Name::</b>	<b>Michelle</b>
<b>Middle Name::</b>	<b>L.</b>
<b>Family Name::</b>	<b>Pollard</b>
<b>Name Suffix::</b>	
<b>City of Residence::</b>	<b>Vancouver</b>
<b>State or Province of Residence::</b>	<b>British Columbia</b>
<b>Country of Residence::</b>	<b>Canada</b>
<b>Street of mailing address::</b>	<b>301 – 225 West 10th Avenue</b>
<b>City of mailing address::</b>	<b>Vancouver</b>
<b>State or Province of mailing address::</b>	<b>British Columbia</b>
<b>Country of mailing address::</b>	<b>Canada</b>
<b>Postal or Zip Code of mailing address::</b>	<b>V5Y 1R9</b>

**Third Applicant Information**

<b>Applicant Authority Type::</b>	<b>Inventor</b>
<b>Primary Citizenship Country::</b>	<b>Canada</b>
<b>Status::</b>	<b>Full Capacity</b>
<b>Given Name::</b>	<b>Bruce</b>
<b>Middle Name::</b>	<b>P.</b>
<b>Family Name::</b>	<b>Connop</b>
<b>Name Suffix::</b>	
<b>City of Residence::</b>	<b>Vancouver</b>
<b>State or Province of Residence::</b>	<b>British Columbia</b>
<b>Country of Residence::</b>	<b>Canada</b>
<b>Street of mailing address::</b>	<b>316-2678 West Broadway</b>
<b>City of mailing address::</b>	<b>Vancouver</b>
<b>State or Province of mailing address::</b>	<b>British Columbia</b>
<b>Country of mailing address::</b>	<b>Canada</b>
<b>Postal or Zip Code of mailing address::</b>	<b>V6K 2G3</b>

**Fourth Applicant Information**

<b>Applicant Authority Type::</b>	<b>Inventor</b>
<b>Primary Citizenship Country::</b>	<b>Canada</b>
<b>Status::</b>	<b>Full Capacity</b>
<b>Given Name::</b>	<b>Fang</b>
<b>Middle Name::</b>	
<b>Family Name::</b>	<b>Zhang</b>
<b>Name Suffix::</b>	
<b>City of Residence::</b>	<b>Victoria</b>
<b>State or Province of Residence::</b>	<b>British Columbia</b>
<b>Country of Residence::</b>	<b>Canada</b>
<b>Street of mailing address::</b>	<b>Department of BioChemistry and Microbiology University of Victoria P.O. Box 3055 STN CSC</b>
<b>City of mailing address::</b>	<b>Victoria</b>
<b>State or Province of mailing address::</b>	<b>British Columbia</b>
<b>Country of mailing address::</b>	<b>Canada</b>
<b>Postal or Zip Code of mailing address::</b>	<b>V8W 3P6</b>

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<b>This Application</b>	<b>Continuation</b>	<b>09/724,653</b>	<b>11/28/00</b>
<b>09/724,653</b>	<b>Non-Provisional claiming the benefit under 35 USC 119(e) of</b>	<b>60/167,930</b>	<b>11/29/99</b>

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

<b>Assignee name::</b>	<b>Active Pass Pharmaceuticals, Inc.</b>
<b>Street of mailing address::</b>	<b>520 West Sixth Avenue Suite 400</b>
<b>City of mailing address::</b>	<b>Vancouver</b>
<b>State or Province of mailing address::</b>	<b>British Columbia</b>
<b>Country of mailing address::</b>	<b>Canada</b>
<b>Postal or Zip Code of mailing address::</b>	<b>V5Z 4H5</b>